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31495 7590 10/28/2004

GREG S. HOLLRIGEL, PH.D.  
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IRVINE, CA 92618

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Greg S. Hollrigel

(Depositor's name)

*Greg S. Hollrigel*  
(Signature)  
1/7/05  
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10714,250	11/14/2003	Jewel L. Dohan	10014.0001US	2472

TITLE OF INVENTION: REUSABLE ADHESIVE BODY APPAREL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	<del>365</del> 700	<del>300</del>	<del>365</del> 1000	01/28/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HALE, GLORIA M	3765	450-081000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
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Stout, Uxa, Buyan &amp; Mullins, LLP

1. Greg S. Hollrigel

2. Greg S. Hollrigel

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

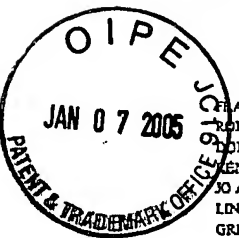
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Authorized Signature *Greg S. Hollrigel*  
Typed or printed name GREG S. HOLLRIGEL

Date 1/7/05  
Registration No. 45,374

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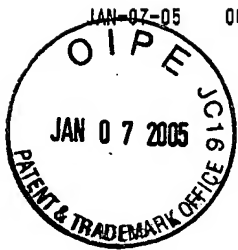
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## FACSIMILE COVER PAGE

<b>DATE:</b>	January 7, 2005		
<b>PTO IDENTIFIER:</b>	Application Number	10/714,250	
	Patent Number		
	Inventor:	Dohan	
<b>TO:</b>	Box ISSUE FEE		
<b>FAX NUMBER:</b>	703-746-4000		
<b>FROM:</b>	Greg S. Hollrigel		
<b>PHONE:</b>	949-450-1750		
<b>Attorney Dkt. #:</b>	10014.0001US		
<b>PAGES (Including Cover Sheet):</b>	<u>5</u>		
<b>CONTENTS:</b>	1. Certificate Of Transmission Under 37 C.F.R. § 1.8; 2. Transmittal Form 3. Issue Fee Transmittal Form PTOL-85 (in duplicate)		
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No. : 10/714,250  
Applicant : Dohan  
Filed : November 14, 2003  
Title :

TC/A.U. : 3700/3765  
Examiner : Hale, G.M.

Docket No. : 10014.0001US

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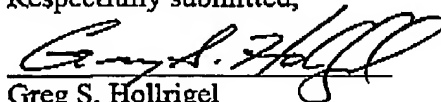
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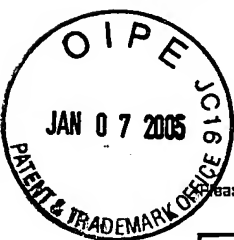
Date: \_\_\_\_\_

1/7/05

Respectfully submitted,



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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/714,250	
	Filing Date	November 14, 2003	
	First Named Inventor	Dohan	
	Group Art Unit	3700/3765	
	Examiner Name	Hale, G.M.	
Total Number of Pages in This Submission	5	Attorney Docket Number	10014.0001US

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Certificate of Transmission 2. Issue Fee Transmittal Form PTOL-85 (in duplicate)).
Remarks  		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Greg S. Hollrigel, 45374
Signature	<i>Greg S. Hollrigel</i>
Date	1/7/05